

CHAPTER 11: RECORDKEEPING AND REPORTING (R&R)

Chapter Table of Contents

1 OVERVIEW	R&R 11-1
Coordination and Integration	R&R 11-1
Authority	R&R 11-1
Interpretations and Guidance	R&R 11-1
Recordkeeping and Reporting Training	R&R 11-2
2 DETERMINING RECORDABILITY	R&R 11-2
Recordkeeping Regulations	R&R 11-3
Is the Case Recordable?	R&R 11-3
Is It Work-related?	R&R 11-3
Injury or Illness?	R&R 11-4
3 RECORDING ILLNESSES IN THE OSHA LOG	R&R 11-4
Diagnosing Workplace Illnesses	R&R 11-4
Occupational Diseases	R&R 11-4
Injuries	R&R 11-5
4 RECORDKEEPING FORMS AND REPORTING REQUIREMENTS	R&R 11-8
OSHA No. 200	R&R 11-8
DOE Forms	R&R 11-8
Accident Investigation Requirements	R&R 11-8
CAIRS Database	R&R 11-8
Tabulation of Work Hours, Vehicle Usage, and Property Valuation	R&R 11-8
5 FATALITIES AND CATASTROPHES	R&R 11-9
Notification Methods	R&R 11-9
Notice Content	R&R 11-9
Summary Report	R&R 11-9
6 ANNUAL SUMMARY/ACCESS TO RECORDS	R&R 11-9
Posting the Summary	R&R 11-9
Access	R&R 11-10
Retention	R&R 11-10
7 WORKERS' COMPENSATION	R&R 11-10
Authority	R&R 11-10
Definitions	R&R 11-10
Exclusive Remedy	R&R 11-10

CHAPTER 11: RECORDKEEPING AND REPORTING (R&R)

Eligibility	R&R 11-10
Burden of Proof	R&R 11-11
Notification	R&R 11-11
Continuation of Pay	R&R 11-11
Documentation	R&R 11-12
Written Report	R&R 11-13
Narrative Reports	R&R 11-13
No-Fault Program	R&R 11-14
8 EXAMPLE—TRAUMATIC INJURY CASE	R&R 11-14

APPENDICES

Appendix 11-1: Recordkeeping Forms	R&R 11-16
Appendix 11-2: Accident Investigation and Categorization Process	R&R 11-17
Appendix 11-3: Attachment to FPM Letter 810-14	R&R 11-20
Appendix 11-4: Suggested Format for Narrative Medical Reports	R&R 11-21

CHAPTER 11: RECORDKEEPING AND REPORTING

1. OVERVIEW

DOE Elements must record and report occupational injury, illness, and property data. Federal agencies are also required to analyze their injury and illness data to identify and correct safety and health problem areas by developing and initiating an effective safety and health program. Trends should be sought and cross-checked with other data sources before targeting inspections to better evaluate OSH performance in those problem areas.

Reporting requirements for DOE Federal employees are somewhat different than those for DOE contractor employees, because Federal employees are governed by 29 CFR Part 1960.

Coordination and Integration

Within DOE, several different reporting systems are used, including the CAIRS, the Occurrence Reporting and Processing System (ORPS), and workers' compensation reporting. OSH professionals are responsible for reporting or in some way inputting to these systems. **DOE Federal sites should have an established mechanism for ensuring that these various reporting systems and efforts to maintain them are properly coordinated and integrated.**

It would be beneficial to have frequent working group meetings between human resource (personnel management and budget), safety and occupational health, occupational medical, and facility representative personnel to review compensation, accident, and occurrence reports. This allows for proper communication among organizations responsible for site accident prevention efforts and aggressive compensation case management to ensure workers quickly return to their jobs, while dealing with injury medical limitations.

Authority

Authority for these requirements is found in the following:

- PL-91596, *Occupational Safety and Health Act of 1970*
- Executive Order 12196, *Occupational Safety and Health Programs for Federal Employees*
- 29 CFR Part 1960, *Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters*
- DOE Order 231.1, *Environment, Safety and Health Reporting*

Interpretations and Guidance

Interpretations, definitions, and guidance for complying with these requirements are found in the following:

- OSHA Publication 2014, *Recordkeeping and Reporting Guidelines for Federal Agencies*
- DOL's Bureau of Labor Statistics (BLS) publication, *Recordkeeping Guidelines for Occupational Injuries and Illnesses*
- DOL Publication CA-810, *Injury Compensation for Federal Employees*
- Office of Personnel Management (OPM) Letter 810-14, August 11, 1988, entitled "Reporting First-Aid Injuries to OWCP"

CHAPTER 11: RECORDKEEPING AND REPORTING

**Recordkeeping
and
Reporting
Training**

- DOE Order 231.1, *Environment, Safety and Health Reporting*
- DOE Manual 231.1-1, *Environment, Safety and Health Reporting Manual*
- Technical Information Services
- DOE OSH Interpretations Response Line (1-800-292-8061)

Recorded information on OSH incidents establishes the benchmark for the success of the OSH program, and it is the basis of trend analysis. Therefore, it is crucial that people who record and report on occupational injuries, illnesses, and work-related damage or loss of property and vehicular-related incidents be appropriately and consistently trained and knowledgeable about the information identified below.

Training Checklist

- ✓ individual recording and reporting requirements for the three existing DOE-site situations
- ✓ OSHA recording and reporting requirements for Federal Agencies
- ✓ proper completion of DOE Form 5484.3 and DOE Form 5484.4
- ✓ proper completion of OSHA No. 200
- ✓ proper completion of OWCP forms CA-1, CA-2, CA-5, CA-6, CA-8, CA-16, and CA-17
- ✓ proper revision and updating of information on these forms
- ✓ repository for recording forms
- ✓ repository for reporting forms
- ✓ identity of those permitted access to the recorded information
- ✓ information contained in the “Recordkeeping and Reporting Guidelines for Federal Agencies” reference document and how it may help Federal employees
- ✓ “Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illness” annual report
- ✓ “Occupational Injury and Property Damage Summary” quarterly report
- ✓ ORPS data
- ✓ CAIRS database
- ✓ notification procedures for fatalities and catastrophes (DOE FEOSH Program Office, OSHA, and ORPS)

2. DETERMINING RECORDABILITY

Section 24(a) of the OSH Act says that the Secretary of Labor “shall compile accurate statistics on work injuries and illnesses which shall include all disabling, serious, or significant injuries and illnesses, whether or not involving loss of time from work, other than minor injuries requiring only

CHAPTER 11: RECORDKEEPING AND REPORTING

first aid treatment and which do not involve medical treatment, loss of consciousness, restriction of work or motion or transfer to another job.”

Recordkeeping Regulations

29 CFR Part 1960 and OSHA Publication 2014 expand on the statutory definition, classifying injuries and illnesses as deaths, lost-time cases, or non-lost-time cases.

Is the Case Recordable?

OSHA No. 200 “Log and Summary of Occupational Injuries and Illnesses” contains a working definition of what you must record: record information about every occupational death; non-fatal occupational illness; and those nonfatal occupational injuries that involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid).

Statute, regulations, and guidance is printed on form OSHA No. 200 that provides adequate guidance to answer questions about whether a case is recordable or not. There are some difficult cases that require further analysis in determining whether a case is recordable, such as: “Did a death, illness, or injury occur?”

Fault, Preventability. In determining whether or not a case occurred, first establish whether or not an injury or illness took place. Fault has no role to play in the analysis. The injury or illness is recordable of preventability. An employee does not have to be involved in a specific job task for the injury/illness to be reportable. If the employee is in pay status, the employment relationship is presumed established.

Recurring Injuries. Report only new injuries and illnesses. Recurrences or complications of previous injuries and illnesses are not recordable. However, if an old injury is aggravated because of a new incident (such as a trip or fall), it is considered a new case and is recordable.

Pre-existing Conditions. An employee’s preexisting condition or physical defect generally does not affect the recordability of an accident. However, if a worker with a preexisting condition, such as a trick knee, falls while walking and there is no other workplace factor such as a wet floor, stone, or loose carpet, the incident is not recordable.

Is It Work-related?

Establish that the case was related to work—resulting from a work environment event or exposure.

Work Environment. A work environment is considered the agency’s premises and other locations where employees are engaged in work-related activities or are present as a condition of their employment. A work relationship is established when the injury or illness results from an event or exposure in the work environment.

Employer’s Premises. The employer’s premises include the total establishment, as well as hallways, restrooms, snack bars, lunchrooms, and cafeterias.

Certain areas (e.g., parking facilities or recreational facilities) and certain scenarios for workers being present in those areas may or may not be considered work-related, depending on the specific details of the situation.

CHAPTER 11: RECORDKEEPING AND REPORTING

Such determinations would have to be made, on a case-by-case basis, by the local Human Resources office (or office with this responsibility). The sensible approach is when in doubt, fill out the appropriate forms.

Injury or Illness?

Decide whether the case is an injury or occupational illness. All work-related illnesses must be recorded. Only those injuries which involve medical treatment more than first aid, loss of consciousness, restriction of work or motion, or job transfer are recordable.

Nature/Exposure. Classifying a case as an injury or illness is determined by the nature of the original event or the exposure which caused the case, not by the employee's medical condition.

Injuries are the result of instantaneous events in the workplace. An occupational injury is any incident—such as a cut, fracture, sprain, amputation—that results from a work accident or an exposure involving a single incident in the workplace.

Illnesses are cases resulting from factors that are not instantaneous in nature. This definition of occupational illness is flexible enough to encompass acute illnesses that result from exposures during a relatively short time period. An occupational illness is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

Some Conditions May Be Either an injury or illness, such as hearing loss, depending on how the harm occurred. For example, if hearing loss resulted from an explosion (an instantaneous event), it is recorded as an injury. If it resulted from exposure to workplace noise over a period of time, it would be recorded as an illness.

3. RECORDING ILLNESSES IN THE OSHA LOG

If a case is an illness, record it and check the appropriate illness category on the log. In addition to recording illnesses, record each case in one of the seven categories (a through g) in the illness section.

Diagnosing Workplace Illnesses

Sometimes occupational diseases are difficult to detect and diagnose because they are ordinary diseases of life. Moreover, there may be a long latency period between workplace exposure and the disease onset. Very few physicians are trained in occupational medicine. Often employees may not report an illness as work-related because they do not link their symptoms to the work environment.

Occupational Diseases

Occupational diseases are difficult to detect and document, and some investigative work may be necessary. Note that medical records are subject to confidentiality restrictions, and only authorized personnel should have access to personnel medical records. When evaluating an illness for its possible connection to the workplace, the following diagnostic checklist and list of questions is a guide to assist safety and health and medical personnel

CHAPTER 11: RECORDKEEPING AND REPORTING

identify links to workplace diseases. In some cases, it may be good to seek assistance from OSH personnel.

Checklist

- ✓ Employees medical examination results, including head and neck; ears, eyes, nose and throat; endocrine; genitourinary; musculoskeletal; neurological; respiratory; cardiovascular; and gastrointestinal.
- ✓ Behavior related to emotional status, such as an inexplicable job performance deterioration.
- ✓ Specific examination by competent medical personnel for health effects of suspected disease agents.
- ✓ Comparison between date of symptoms onset with occupational history and associated exposure information.
- ✓ Evaluation of past biological or medical monitoring and previous physical examinations results.
- ✓ Evaluation of laboratory tests, such as complete blood count, blood chemistry profile, urinalysis, and specific tests for suspected disease agents; chest or other X-rays; liver function tests; and pulmonary function tests.
- ✓ A literature review, including MSDSs, NIOSH's Health Hazard Evaluations, and other reference documents to determine whether worker exposure levels could have produced the symptoms.

Questions

Has an illness condition clearly been established?

Does it appear that the illness resulted from or was aggravated by suspected agents or other conditions in the workplace?

Are there suspected agents present in the workplace, or have they been present in the past?

Was the ill employee exposed to these agents in the work environment?

Was the exposure sufficient in intensity and/or duration to result in the illness?

Was the illness solely attributable to nonoccupational exposure?

Injuries

If the case is an injury, decide if it is recordable based on a finding involving one or more of these four factors: medical treatment, loss of consciousness, restriction of work or motion, and/or job transfer.

Medical Treatment is any treatment other than first aid, administered to injured employees. Medical treatment involves the provision of medical or surgical care for injuries that are not minor through the application of procedures or systematic therapeutic measures.

CHAPTER 11: RECORDKEEPING AND REPORTING

First Aid treatment is any one-time treatment and any follow-up visit for the purpose of observation or treatment of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. Such one-time and follow-up treatment for the purpose of observation are considered first aid even though provided by a physician or registered health care professional.

Treatment and Severity are sometimes difficult to distinguish between first aid and medical treatment. The distinction depends not only on the treatment but also on the severity of the injury.

Recordable Injuries are not minor. Under OSHA recordkeeping guidelines, first aid is not emergency treatment of serious injuries. The following must be recorded if:

- Medical treatment by a physician or licensed medical personnel is required.
- Bodily functions are impaired, such as normal use of senses and limbs.
- Superficial damage to the physical structure of the body results, for example a fracture.
- Complications which require follow-up medical treatment are involved.

Medical Treatment Checklist. The following procedures are usually considered medical treatment, and injuries associated with them are usually recordable.

- ✓ treatment of infection
- ✓ application of antiseptics during second or subsequent visits to medical personnel
- ✓ treatment of second- or third-degree burns
- ✓ application of sutures, stitches, or staples
- ✓ application of butterfly adhesive dressings or sterile strips in lieu of sutures
- ✓ removal of foreign bodies embedded in eye
- ✓ removal of foreign bodies from wound if removal is complicated due to depth of wound or the size or location of the wound
- ✓ use of prescriptions, except for a single dose on first visit for minor injury or discomfort
- ✓ use of hot or cold soaking therapy during the second or a subsequent medical visit
- ✓ use of hot or cold compresses during the second or a subsequent medical visit
- ✓ cutting away dead skin
- ✓ heat therapy during the second or a subsequent medical visit
- ✓ whirlpool bath therapy during the second or a subsequent medical visit

CHAPTER 11: RECORDKEEPING AND REPORTING

- ✓ positive X-ray findings, such as a fracture or broken bone
- ✓ admission to a hospital or equivalent medical facility for treatment

First-Aid Treatment/Non-recordable Checklist. The following procedures generally are classified as first aid and should not be recorded if the work-related injury did not involve loss of consciousness, restriction of work or motion, or job transfer:

- ✓ use of antiseptics during first medical visit
- ✓ treatment of first-degree burns
- ✓ use of bandages during medical visit
- ✓ use of elastic bandages during first medical visit
- ✓ removal of non-embedded objects in eye if only irrigation (flushing) is required
- ✓ uncomplicated removal of foreign bodies from wound, such as by use of tweezers
- ✓ use of non-prescription medications and administration of single dose of prescription medication on first visit for minor injury or to relieve discomfort
- ✓ soaking therapy on initial visit or removal of bandages by soaking
- ✓ use of hot or cold compresses during first medical visit
- ✓ use of ointments on abrasions to prevent drying and cracking
- ✓ use of heat therapy during first medical visit
- ✓ use of whirlpool bath therapy during first medical visit
- ✓ negative X-ray findings
- ✓ observation of injury during medical visit

Loss of Consciousness resulting from a work-related injury is recordable, no matter what type of treatment was provided.

Restriction of Work or Motion is automatically recordable under OSHA/BLS guidelines. Restricted work activity occurs when, as the result of a job-related injury or illness, an employee is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. This is often the only factor that makes a case recordable. A cut on a finger that, when bandaged, cannot bend enough for a typist to perform his or her normal duties would be recordable.

Job Transfer as a result of injury is recordable regardless of the type or extent of provided medical treatment. Typically, these cases are classified easily because any injury severe enough to require job transfer is recordable based on other criteria, such as medical treatment or restriction of work or motion.

CHAPTER 11: RECORDKEEPING AND REPORTING

4. RECORDKEEPING FORMS AND REPORTING REQUIREMENTS

Two forms are used for OSHA recordkeeping: OSHA No. 200 and an appropriate supplemental form, which is DOE Form 5484.3 for DOE Elements. (See **Appendix 11-1**.) Both forms contain detailed instructions. Forms are available by calling the DOE FEOSH Program Office at (301) 903-3638.

**OSHA No.
200**

OSHA No. 200 serves two purposes. First, it is used to record the occurrence, extent, and outcome of cases. Second, it serves as the Summary of Occupational Injuries and Illnesses, which is posted in the workplace at the end of each year.

Within 6 working days, Federal agencies are required to log all injuries, illnesses and fatalities for which a CA-1, CA-2 or CA-6 is filed with the Office of Workers' Compensation Programs (OWCP). Where there is no time lost or medical reimbursement involved, CA forms documenting injuries or exposure should be placed in the employee's medical or personnel folder.

DOE Forms

DOE Form 5484.3, "Individual Accident/Incident Report," is used as the supplemental record in lieu of the OSHA No. 101 to record and report worker-related fatalities, injuries and illnesses, and damage or loss of property (see **Appendix 11-1**).

Form Retention. DOE Forms 5484.3 containing information about fatalities, injuries, illnesses, and property or vehicle loss are retained in accordance with DOE Order 1324.5B, "Records Management Program," dated January 12, 1995.

**Accident
Investigation
Requirements**

In addition to the completion of DOE Form 5484.3, all recordable accidents involving DOE operations will be investigated to some degree in accordance with DOE Orders 225.1 and 440.1. (See **Appendix 11-2**.)

**CAIRS
Database**

The CAIRS is a DOE database containing injury/illness and vehicle loss records for all DOE and contractor organizations from 1981 to the present and property damage records from 1975 to the present. Database information is analyzed, and data performance statistics are issued in quarterly reports entitled *Occupational Injury and Property Damage Summary*. See Chapter 9 for more information on the use of CAIRS data.

**Tabulation of
Work Hours,
Vehicle
Usage, and
Property
Valuation**

DOE Form 5484.4 is used to record work-hours, vehicle usage, and property valuation. This information is used in calculating incidence rates, determining trends over time, and conducting other forms of data analysis.

The information obtained from Part A of 5484.4 is used to normalize DOE accident statistics. On a quarterly basis, Part A is completed and mailed to the CAIRS Input Coordinator for receipt on or before the 25th of each January, April, July, and October.

The information obtained from Part B of 5484.4 is used to estimate replacement value of all property in each DOE organization's jurisdiction.

CHAPTER 11: RECORDKEEPING AND REPORTING

An annual summary report estimating the property valuation must be transmitted to the CAIRS Input Coordinator for receipt on or before March 31 each year.

Form Retention. All personal injury and illness records are to be retained in accordance with DOE Order 1324.5B. If DOE Form 5484.4 does not include injury or illness data, then it needs to be retained for 5 years. The DOE Form 5484.4 used to record work hours, vehicle usage, and property valuation is to be retained for 10 years.

5. FATALITIES AND CATASTROPHES

OSHA requires that all Federal agencies notify them within 8 hours of each occupational fatality, whether the fatality occurred from an accident or occupational disease. In addition, each catastrophic event—defined as in-patient hospitalization of three or more people (including both agency and non-agency people)—must be reported to OSHA within 8 hours. Note that the DOE FEOSH Program Office should be notified at the same time.

Notification Methods

The Federal Agency head or designee shall orally report the fatality/multiple hospitalization by telephone or in person to the OSHA Area Office, DOL, that is nearest to the incident site, or by using the OSHA toll-free central telephone number (1-800-321-OSHA). This requirement applies to each fatality and hospitalization of 3 or more employees which occurs within 30 days of an incident.

Notice Content

Notification of a fatality/catastrophe should include the following information: (1) establishment name, (2) location of incident, (3) date and time of incident, (4) number of fatalities or hospitalized employees, (5) contact person and phone number, and (6) a brief description of the incident.

Summary Report

In addition, each Federal agency must provide OFAP with a summary report of each fatality and catastrophic incident investigation. The summary shall address the date/time of the accident, agency/establishment name and location, and consequences, description of operation and the accident, causal factors, applicable standards and their effectiveness, and agency corrective/preventive actions.

6. ANNUAL SUMMARY/ACCESS TO RECORDS

A portion of OSHA No. 200 is used to summarize injuries and illnesses for the previous calendar year. The summary is prepared by totaling the column entries on the log and signing and dating the certification portion of the form at the bottom of the page.

Posting the Summary

Federal agencies are required to inform their employees that establishment injury and illness logs and annual injury/illness summaries are available and accessible. OSHA No. 200 must be completed and posted in each establishment no later than February 1 and must remain in place until March 1. The summary must be posted in a conspicuous place or places in the

CHAPTER 11: RECORDKEEPING AND REPORTING

establishment where notices to employees are customarily posted. If activities at the facility are dispersed, the notice may be posted at the location where employees report each day.

Access These documents must be accessible to the establishment's safety and health personnel, the facility's OSH committees, employees, employee representatives, and former employees with a need to know. In addition, these documents must be made available to the Secretary of Labor, Secretary of Health and Human Services, and their authorized representatives.

Retention Safety and health records and reports must be maintained by Federal agencies for 5 years after the end of the fiscal year to which they relate.

7. WORKERS' COMPENSATION

Authority FECA, enacted on September 7, 1916, and last amended in 1974, provides compensation for disability and death and medical care for employees of the U.S. Government who sustain injuries or occupational diseases resulting from their employment.

Definitions FECA recognizes and compensates two distinctly different types of cases. A traumatic injury is a wound or other condition of the body caused by an external force, including stress or strain. It must occur at a specific time and place, affect a specific part or function of the body, and be caused by a specific incident or series of incidents occurring within a single day or work shift. An occupational disease is, for practical purposes, any workplace-related condition that does not meet the definition of a traumatic injury. These include contagious diseases, repetitive motion injuries, and long-latency diseases in which there is an incubation period between exposure to a toxic substance and manifestation of symptoms.

Exclusive Remedy Employees injured at work have no right of legal action against the United States for the effects of the injury or disease other than the right to receive the benefits provided by FECA. Workers' compensation benefits, as such, are an "exclusive" remedy.

Injured employees or survivors have the initial burden of proving entitlement to benefits under FECA. Benefits are not automatic—employees and survivors must claim them.

Eligibility In determining an injured employee's eligibility for benefits, OWCP looks at five basic issues:

- Was the employee covered by FECA?
- Did a personal injury actually occur? The term injury includes all occupational diseases proximately caused or aggravated by the employment. Proximately caused means closely related, as a result of, or following—in addition to direct cause.
- Timely filing. Did the employee meet the time limitations of the statute?
- Performance of duty. Did the injury occur in the performance of duty?

CHAPTER 11: RECORDKEEPING AND REPORTING

- Causal relationship. Is the disability claimed directly connected, or otherwise causally related to the personal injury sustained while in the performance of duty? Under FECA, employees can receive benefits if they can show how workplace conditions aggravated, accelerated, or worsened a pre-existing condition (e.g., osteoarthritis of the knee worsened by repeated entering and exiting from a vehicle).

Burden of Proof

The burden of proving a claim is the responsibility of the employee, not the employing agency. Filing a claim is not enough. All evidence necessary to establish his/her eligibility for all disability benefits must be submitted.

Notification

Injury. With few exceptions, an employee or someone acting on the employee's behalf, must give the supervisor written notice of a traumatic injury within 30 days after occurrence.

While CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, can be used, written notice can be in any format if it gives the name and address of the employee; states the year, month, day, hour, and locality where the injury occurred; states the cause and nature of the injury; is signed and contains the address of the individual giving notice; and is given by personal delivery or deposited in the mail, properly stamped and addressed.

Occupational Disease. Employees are required to give supervisors written notice of occupational diseases within 30 days after occurrence. Form CA-2, *Federal Employee's Notice of Occupational Disease and Claim for Compensation*, is available for occupational disease cases. These claims must be filed within 3 years. However, the clock does not begin to "run" in these cases until the employee is aware of the disease and its link to the employment.

In many disease cases, time begins to run when a physician informs the employee that he or she has a disease and that it may be work-related. However, in cases where the worker continues to be exposed, time does not begin until the last date of exposure. In long-latency cases, such as leukemia caused by radiation, time does not begin to run until the employee has compensable disability and is aware of the causal relationship of the disability to the employment.

There is no administrative "penalty" for failure to file a written notice of occupational disease within 30 days, since Continuation of Pay (COP) benefits are not payable in occupational disease cases. Aside from the 30-day notice requirement, a written claim for occupational disease benefits must be filed within 3 years, or compensation will be denied.

Continuation of Pay

To be eligible for COP benefits, the employing agency must be satisfied that a work-related traumatic injury occurred and that written notice, or a CA-1 Form, was filed within 30 days.

Under COP, an agency may pay the injured employee for up to 45 days of the disability. The 45-day duration, however, is not automatic. The period of disability must be documented by medical evidence. As with other factors

CHAPTER 11: RECORDKEEPING AND REPORTING

involving work-related injuries, the duration of COP will vary with severity of the injury and the healing proclivities of the individual.

While a traumatically injured employee cannot receive COP benefits unless he or she reports the injury within 30 days, the time requirement for a compensation claim will have been met. In reality, claims filed long after the injury occurred are known as “stale claims.” Because of their unique circumstances, OWCP carefully reviews these cases.

Documentation

The most difficult part of the workers’ compensation process is obtaining reliable, probative, and substantial written medical evidence. A claim will be denied unless it can be established, through medical evidence, that the claimed disability is related to employment.

As far as OWCP is concerned, probative value means its use in serving to prove a particular fact or contention. A doctor’s report containing the physician’s opinion, but with no medical backup (e.g., test results, X-rays) to back up the opinion, has less probative value than one based on objective data.

Weight of the evidence refers to its quality—not quantity. Thus, a report from an appropriate medical specialist—a board certified orthopedic surgeon in a broken foot case—would have more weight than the opinion of an internist.

Obtaining credible medical evidence is also difficult because:

- Doctors are busy people; they would rather practice medicine than fill out papers.
- Some doctors simply do not take workers’ compensation referrals.
- Many doctors do not understand the workers’ compensation system and the need to provide fully documented, substantiated, well-rationalized opinions.
- A workers’ compensation form cannot be designed that anticipates all the types of cases and situations that can arise.

When such problems with medical evidence develop, they usually involve such issues as the period and extent of the disability. Physicians should be encouraged to review their reports to make sure they have clearly shown the period during which the employee is medically unable to work, discuss the extent of the disability (e.g., is it total or partial), and discuss the medical reasons for the employee’s injury-related work limitations for partial disability.

Injury. List all injured parts of the body when filling out workers’ compensation forms. A severe injury to one part of the body may overshadow a less serious injury. If delayed symptoms occur, establishing a causal relationship between these new symptoms and the injury may be difficult.

Occupational disease cases are much harder to prove than traumatic injury cases and therefore require more detailed factual and medical evidence. In these cases, claimants must factually prove that they were

CHAPTER 11: RECORDKEEPING AND REPORTING

exposed to certain conditions while working and medically prove that these conditions caused the disease. Since there is often a latency period between the exposure time and onset of disability, the burden of proof is often difficult. Board-certified occupational health physicians may be consulted (e.g., physicians with specialized expertise in asbestos, if that is the toxic substance involved in the case).

Written Report

In complicated injury and all occupational disease cases, the employee should first provide the physician with a detailed report of the accident and injury or, in disease cases, the work and exposure history. Employment conditions believed to be the causative factors should be described along with copies of all relevant medical and environmental monitoring reports. Other information such as MSDSs, NIOSH criteria documents, NIOSH Health Hazard Evaluations, and reports of other workers with similar symptoms should be included.

Physicians should refer to this information and use it in their written reports. In complicated trauma cases, occupational disease cases, and cases involving continuing (long-term) disability, physicians should, in addition to filling out the OWCP forms, prepare a narrative report.

Narrative Reports

Appendix 11-4 contains two suggested formats to help physicians provide OWCP with the data they need to adjudicate a claim. Since everyone has an interest in having the compensation system work smoothly, it is a good idea to give these narrative reports to physicians along with the CA forms, which are maintained for 5 years after the end of the fiscal year to which they relate. Alternatively, they can be given to the employee at the same time the CA forms are provided with the advice that they may help the doctor prepare a report that contains all the OWCP needed information to adjudicate the claim.

Employees

- Meet burden of proof.
- File claim in a timely manner.
- Be truthful in claiming benefits and filling out forms.
- Have independent medical exams if requested.
- Report earnings from employment or self-employment while disabled and receiving benefits.
- Return to work when able to perform usual duties or work of a different nature.
- Accept work or offer to work when it is made.
- Undergo rehabilitation if directed by OWCP to do so. (Refusal results in the risk of reduced or terminated benefits.)

Employers and supervisors

- Willingly and expeditiously fill out OWCP forms and reports.
- Be truthful in filling out forms and reports.

CHAPTER 11: RECORDKEEPING AND REPORTING

- Maintain an adequate supply of claim forms.

No-Fault Program

Workers' compensation is a no-fault, non-adversarial program. Claims are adjudicated by a neutral party, the DOL's OWCP.

Except for filling out forms and reports, the supervisors do not actively participate in the FECA Claims adjudication process. However, they may submit affidavits and other relevant statements regarding a claim. Suspected fraudulent claims should be controverted.

For complete Workers' Compensation information, see DOL publication CA-810, *Injury Compensation for Federal Employees*, revised February 1994.

8. EXAMPLE—TRAUMATIC INJURY CASE**The Injury Occurs**

At 11:15 a.m. on Tuesday, May 11, 1995, a DOE employee is moving a typewriter from one desk to another when it slips from his hands and drops, and breaks his foot. Co-workers notify the supervisor. What happens next?

First Aid and Help for the Victim

The first priority is the injured worker. The onsite clinic, staffed by nurses, is notified. They immediately respond with a wheelchair and an ice pack. Because of the possibility of a broken foot, an ambulance is called to take the employee to the hospital for X-rays and a consultation with an emergency room physician.

CA-16 Authorizes Emergency Medical Treatment

The supervisor or nurse, acting on standing orders, fills out a CA-16 and sends it with the injured employee. A CA-16 is the OWCP Form entitled "Request for Examination and/or Treatment." This form authorizes the health care team to provide emergency care, including surgery, to the injured employee.

If Possible, Get Information from the Injured Person

To the extent possible and consistent with the medical needs of the victim, the supervisor and/or facility health personnel should obtain information with respect to the time, date, place, circumstances, and witnesses to the accident. Information on the name, occupation, agency, branch, or division where the employee works is also useful.

Interview Co-Workers

While the information is still fresh, the supervisor should interview co-workers with respect to what they know about the accident/injury.

CA-1 Must Be Filled Out

If a CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," was not filled out (perhaps due to the need to rush the injured person to the hospital), the supervisor should send the form to the employee, even sending the form to the person's home if

CHAPTER 11: RECORDKEEPING AND REPORTING

need be. The injured person, or someone acting on his/her behalf, should fill out the employee's section and return it as soon as possible to the supervisor. The supervisor then follows the instructions on the form to fill out his or her part of the CA-1, "Official Supervisor's Report."

COP Is Authorized

Assuming the 30-day filing notice is timely, the supervisor should send the forms to the agency official who is charged with authorizing COP. By this time, the supervisor should have the emergency room doctor's report and possibly a report from the patient's treating physician.

Employee's Right to Choose His/Her Physician

(Remember, employees have a right to choose their physicians for workers' compensation purposes. Going to the nearest hospital or clinic for emergency care, even emergency surgery, does not constitute "choosing" a physician.)

As described in the injury reports, the CA-1, CA-16, and doctors' reports, the employee broke several bones in his foot and will be out of work about 14 days. Since this is a traumatic injury and the employee is expected back to work within 45 days, the agency can authorize COP for the next 2 weeks. Under COP, the employee receives the same base pay and deductions and—because he is on compensation—his sick and annual leave balances will not be affected.

Bypassing Workers' Compensation Can Have Serious Consequences

Sometimes employees and supervisors are tempted to bypass the workers' compensation system, knowing they can be treated at the agency clinic, they have Blue Cross coverage, or they can use some sick or annual leave. This way, they avoid paperwork and the facility's injury record looks pretty good.

Cases like this can turn tragic if, for example, an injury like the broken foot was handled this way and a few weeks later a blood clot in that foot started moving and the victim suffered a severe stroke.

In straightforward traumatic injury cases, like the broken foot example, the workers' compensation system functions smoothly. □

APPENDIX 11-1

RECORDKEEPING FORMS

FORM NO.	TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORM SENT TO
OSHA No. 200	Log and Summary of Occupational Injuries and Illnesses	Record all Federal employee occupational injuries and illnesses.	HQ —HR-1 or designee Field —Heads of Field Elements or designee	Maintain at the establishment. (Record on the log within 6 working days after receiving information on an occupational injury or illness.)	Post in the workplace at the end of each year.
DOE Form 5484.3	Individual Accident/Incident Report	Use as a supplemental record, in lieu of OSHA No. 101, to record and report each work-related fatality, injury and illness, damage or loss of property amounting to \$5,000 or more, or estimated costs of \$5,000 or more for cleaning, renovating, replacing, or rehabilitating structure, equipment, or property. Damage that exceeds \$1,000 to government-owned, -rented, or -leased vehicles while on official business is also recorded and reported.	HQ —HR-1 or designee Field —Heads of Field Elements or designee	Quarterly submit a legible copy of each new or revised report on or before the 25th of each April, July, October, and January. Reports should be submitted on or before the 25th of the month following the end of the quarter in which the accident occurred or in which information is received that changes the extent or outcome of a previously reported case. Each report requires a cover sheet (see DOE Manual 231.1-1, Appendix D).	CAIRS Input Coordinator SCIENTECH, Inc. 1690 International Way Idaho Falls, Idaho 83402
DOE Form 5484.4	Tabulation of Work-Hours and Vehicle Usage, and Property Valuation	Quarterly report work-hours and vehicle usage.	HQ —HR-1 or designee Field —Heads of Field Elements or designee	Submit report for receipt on or before the 25th of each January, April, July, and October.	CAIRS Input Coordinator SCIENTECH, Inc. 1690 International Way Idaho Falls, Idaho 83402

APPENDIX 11-2

ACCIDENT INVESTIGATION (A/I) CATEGORIZATION

Type A**I. Human Effects**

- A. Fatal, or likely to be fatal, injury, chemical or biological exposure
- B. Accident requiring hospitalization for treatment of three or more individuals, or has a high probability of resulting in permanent total disability due to injuries, chemical or biological exposures.
- C. Single individual radiation exposure resulting in
 - 1. Total effective dose equivalent of 25 rem or more
 - 2. Dose equivalent to the lens of the eye of 75 rem or more
 - 3. Shallow dose equivalent to the extremity or skin of 250 rem or more
 - 4. Sum of the deep dose equivalent for external exposure and the committed dose equivalent to any organ or tissue other than the eye lens of 250 rem or more
 - 5. Dose equivalent to the embryo or fetus of a declared pregnant worker of 2.5 rem or more

II. Environmental Effects - Release of a hazardous substance, material, waste, or radionuclide from a DOE facility (onsite or offsite) resulting in serious environmental damage in an amount greater than five times the reportable quantities specified in 40 CFR Part 302.**III. Property Effects**

- A. Estimated loss of, damage to, or requiring costs for cleaning, decontaminating, renovating, replacing, or rehabilitating structures, equipment, of DOE or other property, including aircraft damage equal to or greater than \$2.5 million.
- B. Any apparent loss, explosion, or theft involving radioactive or hazardous material under the control of DOE, contractors, or subcontractors in such quantities and under such circumstances to constitute a hazard to human health and safety or private property.
- C. Any unplanned nuclear criticality.

IV. Other Effects - Any accident or series of accidents for which a Type A investigation is deemed appropriate by the Secretary or the Assistant Secretary for Environment, Safety and Health.

APPENDIX 11-2

Type B**I. Human Effects**

- A. One or a series of injuries or chemical or biological exposures that results in hospitalization or permanent partial disability of one or more individuals for more than 5 continuous days
- B. One accident or series of accidents within a 1-year time period, resulting in five or more lost-workday cases
- C. Single radiation exposure to an individual resulting in
 - 1. Total effective dose equivalent of at least 10 rem but less than 25 rem
 - 2. Dose equivalent to the eye lens of at least 30 rem but less than 75 rem
 - 3. Shallow dose equivalent to the extremity or skin of at least 100 rem but less than 250 rem
 - 4. Sum of the deep dose equivalent for external exposure and the committed dose equivalent to any organ or tissue other than the lens of the eye of at least 100 rem but less than 250 rem
 - 5. Dose equivalent to the embryo or fetus of a declared pregnant worker of at least 1 rem but less than 2.5 rem

II. Environmental Effects - Release of a hazardous substance, material, waste, or radionuclide from a DOE facility (onsite or offsite) resulting in serious environmental damage in an amount equal to or greater than two times but less than five times the reportable quantities specified in 40 CFR Part 302.**III. Property Effects**

- A. Estimated loss of, damage to, and requiring costs of cleaning, decontaminating, renovating, replacing, or rehabilitating structures, equipment, of DOE or other property, including aircraft damage, of more than \$1 million but less than \$2.5 million.
- B. The operation of a nuclear facility beyond its authorized limits.

IV. Other Effects - Any accident or series of accidents for which a Type B investigation is deemed appropriate by the Secretary; Assistant Secretary for Environment, Safety and Health; Associate Deputy Secretary for Field Management; Cognizant Secretarial Officer; or Head of the Field Element. This includes, for example, Departmental cross-cutting issues and issues warranting the attention of local news or interest groups.

APPENDIX 11-2

**A/I PROCESS FOR
TYPE A AND TYPE B INVESTIGATIONS****I. Appointment of the A/I Board**

- Consists of Chairperson and three to six Members
 - One is a DOE A/I.
 - Are subject matter experts in areas related to accident.
- Chairperson
 - Preferably a member of the Senior Executive Service.
 - Manages the investigation process.
 - Represents DOE when notifying DOE, Federal, State, or local investigative or law enforcement agencies of suspected unlawful activity identified during the investigation.
 - Coordinates Board activities.
- Investigation Board
 - Reports to the Appointing Official.
 - Is independent of direct line management chain responsible for day-to-day operation or oversight of the site where the accident occurred.
 - May not include both a supervisor and his/her subordinate.

II. Accident Investigation

- Determines the facts of the accident by examining the accident scene and DOE and contractor documentation, interviewing witnesses, and performing engineering analyses.
- Implements corrective actions.

III. Reporting Investigation Results

- Issue accident contributor report to affected DOE and contractor line management.
- Sign and date report (by the Chairperson and Members).
- Submit report to the Appointing Official.

IV. Investigation Close-Out

- DOE and contractor line organizations conduct a factual review of the report and present comments to the Board.
- Present formal briefing with affected DOE site.
- Disseminate DOE-wide lessons learned.
- Implement corrective actions.

APPENDIX 11-3

Attachment to Federal Personnel Manual Letter 810-14 dated August 11, 1988

**Department of Labor Instructions for Reporting First Aid Injuries
to the Office of Workers' Compensation**

Employing agencies which provide examination and treatment to injured employees, either at their own medical facilities or through contracts with local medical providers, have inquired whether they must report minor injuries treated under these arrangements to the Office of Workers' Compensation Programs (OWCP). In response to these inquiries, OWCP has designated certain kinds of injuries as "first aid" injuries based on the extent of treatment required and has defined the circumstances under which they must be reported. With the addition of this category, there are now three groups of cases involving no loss of time from work.

The first group includes cases where the claimant obtains no medical treatment at all, or obtains medical care only on the date of injury. In these cases no medical treatment is obtained after the date of injury, and no time loss is charged to either leave or continuation of pay (COP). Notices of injury for such cases should continue to be retained in the Employee Medical Folder (EMF) and not reported to OWCP.

The second group includes cases where medical expense is incurred but no time loss from work, as represented by a charge to leave or COP, is charged. Such cases must be reported to OWCP.

The third group of cases are those now designated as first aid injuries. They include cases which require one or more visits to a medical facility for examination or treatment during working hours beyond the date of injury, as long as no leave or COP is charged to the employee and no medical expense is incurred. First aid injuries are also defined as those which require two or more visits to a medical facility for examination or treatment during non-duty hours beyond the date of injury, again as long as no leave or COP is charged and no medical expense is incurred. Any injury meeting the definition of a first aid injury must also be reported to OWCP.

For example, a case involving treatment at the agency's dispensary on the date of injury and one or more follow-up treatments at the same facility during working hours will be considered a first aid injury and must be reported, even if no COP or leave is charged. Similarly, a case involving treatment by a physician under contract to the agency on the date of injury and on two or more subsequent occasions during non-duty hours must be reported.

To enable employing agencies to identify first aid injuries on Table 2, OWCP has designated extent of injury category "A" exclusively for these cases. Effective immediately, employing agency personnel should write "First Aid Injury" in the upper right hand corner of the supervisor's portion of any Form CA-1 submitted for such an injury. The code for first aid injuries will be assigned only at the time the case is created; it will not be entered retroactively unless the employing agency identifies an error in data entry and so advises OWCP. Any first aid cases which subsequently result in medical expense and/or time loss from work due to disability will appear on Table 2 in categories "N" and "L" respectively.

Finally, employing agencies are reminded that an injured employee is entitled to an initial choice of physician, regardless of any arrangements for care which the employing agency may be prepared to make. Because the affiliations of agency-connected providers are not always clear to OWCP personnel, this right may be inadvertently compromised. Therefore, in cases where the first physician treating the employee is associated in any way with the employing agency, the agency should include the word "Agency" or the initials of the department or establishment with the name and address of the physician in block 31 of Form CA-1. This annotation will allow OWCP

APPENDIX 11-3

personnel to distinguish an agency-selected physician from any provider later chosen by the employee.

APPENDIX 11-4

SUGGESTED FORMAT FOR NARRATIVE MEDICAL REPORT IN SUPPORT OF TRAUMATIC INJURY OR OCCUPATIONAL DISEASE CLAIM

- Patient's name and address; and OWCP file number (if known).
- Patient's history of injury (occupational disease). This is a key item and should consist of a written statement by the physician reflecting knowledge of the patient's injury (conditions of employment) believed to be the causative factor.

It is suggested that the physician first be furnished with a detailed written statement from the employee describing the injury (conditions of the employment). The physician should ideally include or attach a copy of the employee's written statement, referencing it with remarks similar to the following:

"I have read the statement dated _____, prepared by _____, regarding the injury (conditions of employment) of _____ (during the period from _____ to _____)."

- Date(s) of examination and/or treatment.
- Period of hospitalization, if any.
- Tests given, findings, and results (X-rays, lab tests, EKG, etc.)
- Nature and type of treatment since last report.
- Definitive diagnosis (no impressions).
- Opinion: was condition caused, permanently or temporarily aggravated, accelerated, or precipitated (hastened), by the patient's injury (conditions of employment described by the patient.)
- Medical reasons for opinion (i.e., how did the physician, from a medical point of view, arrive at the opinion?). This is very important and be as specific as possible—and include how any test results formed a basis for the opinion.
- Statement describing any apparent concurrent medical conditions *unrelated* to the injury (occupational disease).
- Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability was total or partial, and if partial (as opposed to total disability for work as a letter carrier), the work limitations involved in working while partially disabled. The work limitations should describe the restrictions on walking, standing, sitting, lifting, etc., and include the number of hours allowed for each per day. Disability from any apparent concurrent medical conditions *unrelated* to the injury (occupational disease) must be considered in determining the employee's ability to work; and an explanation included describing how any *unrelated* concurrent disability, when combined with the injury- (occupational disease-) related disability, affects the employee's ability to work.
- Statement concerning whether maximum medical improvement has been reached; and if so, the nature and extent of any remaining permanent disability.
- Prognosis and recommendations for future medical care.
- Signature of physician (show specialty and Board-certified); and date.

* Traumatic injury only. A traumatic injury is a wound or other condition of the body caused by external force, including stress or strain. It must occur at a specific time and place, affect a specific part or function of the body; and be caused by a specific incident or series of incidents occurring within a single day or work shift.

** Occupational disease only. Occupational diseases include contagious diseases (e.g., tuberculosis through contact with a co-worker) and other medical conditions characterized by continued or repeated exposure to conditions of the work environment over a period of time. In effect, these medical conditions are slow developing or "latent injuries" which are related to the work place, but not generally occurring at a specific time and place, nor caused by a specific incident or series of events taking place within a single day/shift.

APPENDIX 11-4

**SUGGESTED FORMAT FOR NARRATIVE MEDICAL REPORT IN
SUPPORT OF CONTINUING DISABILITY UNDER THE FECA
(TRAUMATIC INJURY OR OCCUPATIONAL DISEASE)***

- Patient's name and address; and OWCP file number (if known).
- Reference to injury or employment conditions involved (brief description of patient's history).
- Definitive diagnosis (no impressions).
- Date(s) of latest examination and/or treatment.
- Nature and type of treatment since last medical report.
- Statement describing any apparent concurrent medical conditions *unrelated* to the injury or occupational disease.
- Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability was total or partial; and if partial (as opposed to total disability for work as a letter carrier), the work limitations involved in working while partially disabled. The work limitations should describe the restrictions on walking, standing, sitting, lifting, etc., and include the number of hours allowed for each per day. Disability from any apparent concurrent medical conditions *unrelated* to the injury or occupational disease must be considered in determining the employee's ability to work; and an explanation included describing how any *unrelated* concurrent disability, when combined with the injury- or occupational disease-related disability, affects the employee's ability to work.
- Expected continuing period of disability.
- Statement that the continuing disability is due to the injury or employment. Medical reasons supporting this statement must also be given.
- If condition causing disability was aggravated by injury or employment, is aggravation continuing and is aggravation permanent or temporary?
- Statement concerning whether maximum medical improvement has been reached; and if so, the nature and extent of any remaining permanent disability.
- Prognosis and recommendations for future medical care.
- Signature of physician (show specialty and if Board-certified); and date.

* A traumatic injury is a wound or other condition of the body caused by an external force, including stress or strain. It must occur at a specific time and place, affect a specific part or function of the body; and be caused by a specific incident or series of incidents occurring within a specific day or work shift. Occupational diseases include contagious diseases (e.g., tuberculosis through contact with a co-worker) and other medical conditions characterized by continued and repeated exposure to conditions of the work environment over a period of time. In effect, these medical conditions are slow developing or "latent injuries" which are related to the work place, but not generally occurring at a specific time and place, nor caused by a specific incident or series of events taking place within a single day/shift.